

L24000284791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

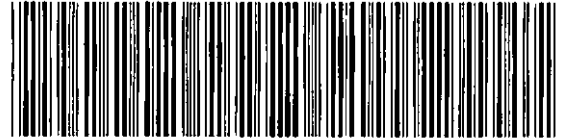
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THE CRITZER LAW FIRM, P.A.

12889 US Highway 98 West, Unit 110A

Miramar Beach Florida 32550-3241

Telephone (850) 622-0050

Facsimile (888) 866-6820

www.critzerlaw.com

S. Scott Critzer, Esq.

scott@critzerlaw.com

Admitted in Georgia and Florida

October 11, 2024

VIA USPS PRIORITY MAIL DELIVERY SERVICE

Registration Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314-6327

Re: Entity: OBCBC LLC
Document # L24000284791
Disassociation/Resignation of Member/Manager
Amendment to Articles of Organization

Dear Sir or Madam:

Please find attached original signed Disassociation/Resignation of Member/Manager and Amendment to Articles of Organization forms regarding the above referenced entity. Please file these documents in the State records. A check drawn on our account is enclosed to cover the filing fees for both forms.

If there is any problem with the filing of these documents or a discrepancy in the filing fees, please call our office and we will correct the deficiency immediately.

Thank you for your time and consideration of this matter.

Very truly yours,

The Critzer Law Firm PA

S. Scott Critzer

S. Scott Critzer

Encls.

cc: OBCBC LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBCBC, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott Critzer

(Contact Person)

The Critzer Law Firm PA

(Firm/Company)

12889 US Hwy 98 W, STE 110A

(Address)

MIRAMAR BEACH FL 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT CRITZER

(Name of Contact Person) at (850) 685-4285

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
x \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations,
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: OBCBC, LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L24000284791.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/24/2024.

4. I, JOYCE J. OAKS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER / MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

24 OCT 17 04:54:43
ALL DOCUMENTS FILED
IN THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA